

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 12, 2001 8:00 am**  
**Secretary of State**

04-12-2001 90002 050 \*\*\*\*61.25

0037683

**DOCUMENT # N98000002875**

1. Entity Name

**GREATER MIAMI RIVER FOUNDATION, INC.**

Principal Place of Business

1529 N.W. SOUTH RIVER DRIVE  
 MIAMI FL 33125-2701

Mailing Address

1529 N.W. SOUTH RIVER DRIVE  
 MIAMI FL 33125-2701

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

**65-0875999**

Applied For

☒ Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**SANCHEZ, NATALIE**  
**C/O GLORIA ROA BODIN**  
**2655 LEJEUNE RD # 1001**  
**CORAL GABLES FL 33134**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE

*Natalie Sanchez*

04/09/2001

Signature, typed or printed name of registered agent and title, if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW:**  
**FEE IS \$61.25**

9. Election Campaign Financing  
 Trust Fund Contribution. ☐

**\$5.00** May Be  
 Added to Fees

**Make Check Payable to**  
**Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD  
 NAME BODIN, ERIC A ☐ Delete  
 STREET ADDRESS 1529 N.W. SOUTH RIVER DRIVE  
 CITY-ST-ZIP MIAMI FL 33125-2701

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE VD ☒ Delete  
 NAME INGRAM, NADIA  
 STREET ADDRESS 2100 PONCE DE LEON #920  
 CITY-ST-ZIP CORAL GABLES FL 33134

TITLE ☒ Change ☐ Addition  
 NAME Jackie N. Benitez  
 STREET ADDRESS 18921 SW 122 Avenue  
 CITY-ST-ZIP Miami, FL 33177

TITLE SD ☐ Delete  
 NAME GARRETT, DAVID V  
 STREET ADDRESS 3930 IRVINGTON AVE  
 CITY-ST-ZIP COCONUT GROVE FL 33134

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE TD ☒ Delete  
 NAME BODIN, AMORY  
 STREET ADDRESS 3341 N.W. 82ND AVENUE  
 CITY-ST-ZIP MIAMI FL 33122

TITLE ☒ Change ☐ Addition  
 NAME Raquel Briceno  
 STREET ADDRESS 242 Madeira Avenue., #4  
 CITY-ST-ZIP Coral Gables, FL 33134

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:**

*Natalie Sanchez*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/09/01 (305) 442-1322

Date

Daytime Phone #

CR2E037 (10/00)